Interview with CDR James E. Soliday, MSC, USN, Vietnam corpsman, at BUMED, Washington, DC, 27 August 1992. Conducted by Jan K. Herman, Historian, Bureau of Medicine and Surgery.

When did you join the Navy?

On the 27th of May 1963. I was still a senior in high school about a week from graduation. I had an uncle who was a recruiter. I didn't really want to go to school. I was talking with him one afternoon and told him I wanted to join the Navy. He asked what I was interested in and I told him I eventually wanted to be a doctor. He said he could probably get me in the Navy as a hospital corpsman. Then I could get some college. So I took the oath, went back home and graduated high school, and left for boot camp the second week of June. That was 29 years and a few months ago.

Where were you from?

A little town in western Pennsylvania called Punxsutawney, the town where the groundhog looks for its shadow every February second.

Where did you go to boot camp?

Great Lakes, in the summer of '63. It probably was one of the most humid and uncomfortable summers I ever spent away from western Pennsylvania. And then I went to hospital corps school there at Great Lakes that winter, which was the coldest winter I ever spent anywhere.

What was your first assignment out of corps school?

It was the wards at Portsmouth, NH, which then was a Naval Hospital. I have tried to get back there for duty ever since. I worked the surgical wards, the orthopedic ward, I worked the lockup for the brig. At that time, we still had the brig at the "White Castle." That was quite the place. If you were young and naive like I was at the time and you made a tour of the prison, when you came out, you were totally convinced that you did not want to go in there as an incarcerated member. Those marines were all marine and those prisoners knew exactly where they stood. Some had a commitment of 5 or more years there. Others looked forward to a life sentence. We had some of them as patients in a lockup ward at the hospital, and I was a senior corpsman of that ward for about 4 or 5 months.

Where did you go from there?

I took the exam and was accepted for prep school for the Naval Academy. So I went to Bainbridge, MD, to the preparatory school and due to a physical injury, that didn't work out. I moved on from there and went with the Fleet Marine Force at Camp Lejeune, which was one of the greatest moves I ever made in my career. I was coming up on my third year in the Navy, and was undecided whether I wanted to go any further, or whether I wanted to get out and go to school.

I went to Field Medical Service School at Lejuene to be trained to serve with the Marines. I went immediately from there
to the Second Marine Division, First Battalion, Eighth Marines in February of '65. I had about 2 1/2 months of familiarization with them and my men when we went on air alert for Santo Domingo

(Dominican Republic). That was in May, 1965, after just learning to wear a green uniform and carry a Unit One. It was an experience.

I had left Field Med school in February and by May we were on a front line with all that "stuff" flying around down there. I spent 3 months there. I'm still not sure actually what was going on politically. Suffice it to say, the President decided the Marines were going to be the dividing force between the good guys and the rebels. We sat on that front line getting shot at every day. It was my first experience with combat.

You had patients, then?

I had two within my own company, nothing major. No deaths.

You were right in the capital?

Yes. We literally were set up on a neighborhood street. Our headquarters, which was the weapons platoon for Delta Company, was in a local physician's house. He had moved out and, I think, fled the country. We were there until August of '65.

What happened when you got back?

Things were uneventful until June of '66. That was the time I had to make a decision; either get out of the Navy or continue. I had enlisted on what was called a "kiddie cruise." That meant that if you had enlisted before you were 18, you could get out the day before you turned 21. You only had to do 3 years. But if you stayed, you earned credit for 4 years of service toward an enlisted retirement. Of course, I lost all of that upon being commissioned.

So, not having anything better to do, I reenlisted. The Navy was really treating me well. Promotion wise, I was moving along pretty well. I had made third class and was eligible for second. I moved within the Second Marine Division from a grunt battalion to engineers, which was kind of a benign outfit unless you were in combat. Engineers in combat take care of clearing minefields and barbed wire and so forth in front of the forces.

When my tour of duty with the Marines was up, it was time for me to rotate ashore. In the interim, I had put in at least three requests for duty in Vietnam. Several of the corpsmen I had been stationed with in the First Battalion, Eighth Marines had already gone, had done a tour of duty, a couple of them were killed, several had returned. I felt it was my turn to go. I had volunteered several times, but nothing. Even though it was time for me to go back to shore duty, as luck would have it, two sets of orders came in for me. One set assigned me to a naval hospital and the other set was to Vietnam to the Navy MILPHAP (Military Provincial Health Assistance Program) Team Five. The assignment decision was with the medical administrative officer for the Division Surgeon of the Second Marine Division. He decided that with my background and training, the 1-year tour with the MILPHAP Team would be a "good" experience. I'd come back and have my choice of duty. This was February, 1967.

The team leadership consisted of three physicians, and a Medical Service Corps officer, then LTJG now retired CAPT (Richard) Gutshall, who had gone ahead of us to Vietnam to make way for the team. The rest of us went to Bethesda for a 3- or 4-week indoctrination provided by previous MILPHAP team members. They gave us a good brief on how we would fit in, what we would be doing, for whom we would be working. We had 3 weeks of language training. They had actual Vietnamese instructors, and we spent many hours a day learning basic Vietnamese. It was a good exercise.

There were, however, a couple of glitches. We were the second Navy Team Five that went into Vietnam--Chau Doc. The Navy was not the only service that had them. There were also MILPHAP teams with the Army and Air Force. The first teams that went over in '66 and '67 worked strictly for the US-AID Program. They had no military connotation whatsoever. In fact, the team members wore civilian clothes. When it came time for our team to go, DoD decided that we would go as a military team and coordinate our efforts with US-AID. But, it was decided that we would stay with the MAC-V advisory groups. In our case this was the MAC-V Advisory Group 64 and Special Forces Group 5.

The other thing that was comical, and even embarrassing to us, was the Vietnamese we had learned. We found out after we got there that we had learned the North Vietnamese dialect. The instructors had been from the north. The people we encountered could understand us, but by the way we were pronouncing words, they knew that we had learned our language from northerners. "Who are you people?", they probably thought. Eventually we learned their dialect.

The area we were in--Chau Doc Province, near the Cambodian border--was predominantly Chinese with very few Vietnamese. That's because the area was interlaced with waterways and the Chinese congregated in those areas and used their sampans, etc. They were even more aware of us pronouncing words in the northern dialect.

When you first learned you were going to be attached to a MILPHAP team, had they told you what your mission would be?

Yes. Of course, we were never relieved of our military duties. If we were caught in a situation where living with the Special Forces and the Army would bring us under attack, our military duties were required, and we provided. But our primary duty was to work with and develop the civilian hospitals, first aid stations, and midwife groups throughout our area of assignment. In our case it covered about 100 square kilometers and about three of what we would call counties. Under us was one huge major hospital in Chau Doc. Since Chau Doc was a Province it had a Province Medical Chef, which would be like a state health director. There were four of five small towns within our area of responsibility that had smaller medical activities and had sub medical chefs.

How many people were in MILPHAP groups?

I can't speak for the 11 others stretched from the DMZ to the bottom of Vietnam, but my group, Team Five, was broken off into two groups. Initially Team Five had three physicians; one had a general surgical background, the other two were GMOs (general medical officers). We also had an MSC officer and a leading chief petty officer. There were 10 corpsmen and one dental technician, all with FMF backgrounds. Also within the team there were some specialties consisting of one lab tech, an OR tech, a preventive medicine tech, and the dental tech who had an operative background and had worked in operating rooms with dental surgeons. And like myself, there were three general FMF corpsmen.

Because the Mekong River split the two Provinces we were responsible for, our Team was split into two groups. One physician and two corpsmen went down river from us. Two physicians, the MSC officer, the Chief, remaining corpsmen and dental tech were in the Chau Doc team. Now within this team, we split out. The two physicians, the MSC officer, the Chief, the OR tech, the lab tech, the dental tech, and at least one general corpsman stayed in Chau Doc.

There were two small towns that had rather large ambulatory care type facilities. These towns also had splinter groups of the Army advisory teams to which they assigned one of each of us. That's how I ended up in the village of Tan Chau.

Then this was a pretty rural area.

Very rural. The major problem was very poor roads. In summer it was dry enough for us to travel the river beds by jeep; during the monsoons we traveled them by boat. The same roads we traveled during the dry season became rivers during the monsoons. The houses during the dry season were up high on stilts; during the wet season, the water was right to the floor. I seldom traveled to our team site at Chau Doc. If I did, for safety, it was by boat. Our location, where the Mekong River comes through the Cambodian border, was a main supply line for the Vietcong and the North Vietnamese and these rural areas away from the towns were well traveled by both. Consequently, we did very little traveling by road.

What type of boat did you use?

A little 17- or 18-foot Boston Whaler type boat with a 75 hp Evinrude. It belonged to the Special Forces we were attached to.

Were you heavily armed?

Technically, we weren't supposed to be. Medical wasn't supposed to be armed with anything other than a .45 sidearm but as MILPHAP team members, we were issued an M-1 carbine.

What were your responsibilities at this location?

When I was in Tan Chau, I had the medical advisory responsibility for the Tan Chau medical district. I had a civilian counterpart, who was an associate health director, who ran the local clinic. He also had the responsibility for about six or eight first aid stations and a couple of midwife stations scattered up and down the river. We made frequent visits to them utilizing the boat. I traveled with my counterpart, usually one of his assistants, an interpreter, who was usually an ARVN (Army of Vietnam) soldier who was assigned to me, and usually one member of the Army MAC-V (Military Assistance Command Vietnam) team. It was safe travel and we had no problems.

I want to back up for a minute. As I previously stated, the team split into two groups. The group that remained at Chau Doc was further broken down. One member of the team was sent to Tan Chau, the another to the little village of Tinh-Bien, and still another to the village of Triton. I originally stayed in Chau Doc with the main team and worked in setting up the supply system with my counterparts in the Vietnamese civilian hospital. They had received about four huge CONEX boxes from the US-AID program filled with hospital supplies that were sitting in the backyard of the hospital, rusting. There was a whole hospital unit in those boxes. You name it, it was in there. Everything from the OR to the lab, to x-ray, ward furniture, pills, everything. The outside of the boxes had begun to deteriorate but fortunately everything inside was in great shape. My main function was to teach my counterpart, in the supply system, that those were good supplies, that we needed to get them out, get them in place, and account for them. We needed to set up a stock system for those supplies--everything we do in the military system. We didn't have a problem. They were very receptive people to work with. As luck would have it, they were also reserves in the Vietnamese Army.

From June of '67, when we got in country until October things were very serene. We did our day-to-day work, we took care of hospitals, we worked with our people. There was little combat action in our immediate area. Occasionally, we treated a wounded civilian from the outlands where they had stepped on a mine or got hit by a stray shell. All of us got kind of a complacent attitude. And then on Columbus Day at 3 o'clock in the morning, Charlie said, "Hello." The Special Forces compound, on which we were berthed, was an old French hotel. It sat right along the Bassac river. Charlie set up across the river and gave us reveille. Rockets, everything, you name it. Several Army guys were killed. I was the only one of my Team who was injured. Charlie, knowing where the communications center was in the building, threw a rocket through the window and knocked out the two communicators and our communications. They also zeroed in on the fuel tanks. At that time, the compound was rather open. They had a barbed wire fence around the compound, but very few sandbags and only a couple of bunkers that you could get into. After that attack, we got massive sandbag walls. But that night was hell. The attack lasted about 2 1/2 hours with constant
small arms mortar and rocket fire.

You couldn't set up any kind of defense line?

Oh, no. We were pinned down and able only to return minimum fire and some mortars. We had no idea where they were across the river. It was just a matter of keeping our "behinds" down. What ultimately saved us was an aircraft called "Puff."[1] It took him a while to get wherever he was to Chau Doc. But somewhere around 5:00 or 5:15, Puff flew over. Shortly thereafter, all the incoming stopped. That was it. There were some serious wounds and deaths and a need for body bags.

I got hit. I was with Colonel Smith, CO of the compound, trying to make rounds. I had a hard time keeping up with him because he was a big tall dude who could move fast. We came around a corner when a mortar shell went off and it flipped me back against a wall. I didn't realize I was hit in the knee until the next morning. We were busy because there were wounded all over the place. We finally got a couple of choppers in to get the medevacs out. As we sat there, right after sun-up, trying to recap everything that had happened, one guy said, "What happened to your pants?" There was a little bit of blood dripping. It wasn't anything major; it didn't require a medevac. We dug the fragment out, cleaned it up, and it healed up in about 3 weeks. It took that much time to clean up the compound, patch the windows, build the walls back up again, replace all the tires that were shot out, fences that were torn up.

Were you ever able to tell whether these were VC or North Vietnamese regulars?

The Special Forces "snoopers," which were Vietnamese undercover, said it was a VC unit, a full company with some NVA (North Vietnamese Army) with them. That was never confirmed. They found where they had been and they found blood, but never as much as a body.

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[1] "Puff the Magic Dragon" was the name given to special C-47 aircraft equipped with Vulcan rapid firing cannon. These aircraft could saturate a designated area with overwhelming firepower.

How did things change after that?

Everybody got very guarded, suddenly realizing that life was fragile. This playpen we were in was not so serene, that there were people around us that would do us harm. The complacency changed. From the military compound where we stayed to the civilian hospital was about 5 kilometers through back roads and streets of the town. We used to think nothing about getting into a vehicle and not paying attention to what was going on, but now we looked around to see what might be there. It did not reach the point where we became paranoid or forgot that we were there to work with the civilian community.

How was your relationship with the Vietnamese civilians before the attack?

I think it was very good. Let me tell you one more thing. The MILPHAP team's most dangerous time was when we were intermingled with the U.S. military. To our way of thinking, our safest time was when we were at the civilian hospital because we didn't know who we were taking care of. The patients didn't wear uniforms. We didn't know who might be Charlie. We took care of everybody. And we learned through our interpreters that we were the good guys. The Vietcong didn't see us as a threat. We were a plus. They didn't mess with the MILPHAP teams. There were times when there were attacks going on around us in the town where we would have been ideal sitting ducks in that hospital. They never messed with the team as long as we were taking care of the people. If we were on a convoy or if we were back at the military compound, and they happened to attack it, then we were vulnerable.

Were you wearing uniforms at this point?

Oh, yes. All the time. The teams before us wore civvies; we had to be in uniform while working.

You were not a target even though you were in uniform?

We were the medics. We took care of the Vietcong as well as the good guys. Unless one of our interpreters or one of the police, or one of the Vietnamese soldiers pointed somebody out, we didn't know the difference. And it really wasn't our job to determine who was who. It was kind of an unwritten law, according to our interpreters, that the MILPHAP teams did not get messed with. Every opportunity was there because we were unguarded, except for the little weapons we carried. We were in an ideal situation for any kind of terrorism--hand grenades, shootings, you name it. The night of the attack, we just happened to be on the compound the night Charlie decided the Special Forces needed a lesson.

In December '67, I went out to relieve the corpsman at Tan Chau when he became ill. Sometime in November he developed some problems with blood clots in his leg. I can't recall the diagnosis but it had something to with the tropics and humidity. Anyhow, they medevaced him out. I replaced him at the Tan Chau compound. There was a small MAC-V team there of five Army guys and myself. I was the only American medical person in the area to support the U.S. forces and the civilians.

Tan Chau had a small ambulatory care clinic where my work was less involved. There was ample time for teaching and implementing medical/supply systems. I took care of sick call with the military and worked with the civilians. I also completed the training of two Vietnamese

nurses so they could help with the sick call on the military compound. That freed me up so I could go back to doing the job I was supposed to do.
That took a couple of months but it was worthwhile.

The difference between being in Chau Doc and Tan Chau was that Tan Chau was a smaller town with a smaller medical unit, and a smaller military group. The team house where we lived in Tan Chau was inside a Vietnamese military compound, which made us very vulnerable. We had to rely on ARVN for our security. I was the only Navy and there were five regular Army MAC-V who were out there as an assistance program.

So, you were on your own as far as security was concerned.

The six on the MAC-V team--the major, the captain, the first sergeant, and the rest of us--decided that for our own health and well-being, one of us would be up all night long making rounds in the compound and monitoring the radio.

Did you have any incidents?

Sometime right before Tet 1968, our Vietnamese listening post out in the boonies, about 3 or 4 kilometers from us, alerted us one night that Charlie had some rockets zeroed in on the Tan Chau compound. Of course, we all went to general quarters, and to our defensive positions, bunkers, or wherever we were supposed to be. The listening post surprised our would-be attackers and they disbursed. During Tet, we took some rifle fire in the town and on the district headquarters, and a few rounds on the military compound, but I think it was mainly to keep the military forces of Tan Chau from assisting Chau Doc. When I was in Tan Chau, I was even closer to the Cambodian border but nothing serious ever happened. There were all kinds of operations going on around us. There were small canals, small rivers and waterways that Charlie and the North Vietnamese could get supplies in and out of. The Special Forces, the ARVN, and the Vietnamese, Marines, the Navy Seal teams, and the PBRs (river patrol boats) were constantly battling around us in the surrounding waterways and woodlands.

This was before Tet.

Yes, before Tet. I was in Tan Chau during Tet. They kept us busy, let's put it that way, but they didn't maul the town and tear things up like they did in Chau Doc during Tet. I was lucky I wasn't there. The whole team from Tan Chau went into Chau Doc about 4 or 5 hours after they secured the town. The whole place had been leveled. The new hospital that was being built by the US-AID program was completely destroyed; there wasn't a brick left standing. One of the first things the VC did when they came into town was go in and blow up that hospital. That was sad. There had been a lot of effort expended in building it.

The American compound in Chau Doc wasn't damaged very much. Most of it was concentrated on the town. In the Vietnamese Army base downtown, there were buildings with the roofs burned off and trucks shot up. The US-AID building was totally leveled. The district headquarters of the Vietnamese Governor of the Province
was totally wiped out. The VC used satchel charges and just leveled everything right to the ground.

Did you have any patients to take care of?

No. Not in Tan Chau. Chau Doc was busy. The civilian hospital and the rest of my team members in there were kept busy around the clock once they could get out of the military

compound and get down to the civilian hospital. They were busy for the next 3 days patching people up and dressing wounds. There was a lot of surgery.

After Tet was over, you must have really tightened up security.

Security was well tightened. We couldn't go anywhere with less than two Americans. Before Tet I could get in the boat with my interpreter and make the trip to Chau Doc or up river to one of the little villages. After Tet, it was a minimum of three people. You had to have a radio.

Being a corpsman at this point didn't give you any special status.

No. Because with the collar devices we wore at that time, there was no way to recognize us. It was a shield with a caduceus on it. Unless you were right on top of a guy, you couldn't tell he was a medic.

If they saw you with a Unit One and a .45, they also knew you were a corpsman.

That's right. The radio antenna and the people with the 45's were the first ones they looked for. I didn't carry a pistol. I carried an M-1.

Even though security was really tight, I don't think it deterred our work. Because once we got wherever we were going and began working with the midwives or the first aid stations, it was just everyday business. It was with the traveling that we got super cautious.

Did you ever have any incidents during travel?

No. There may have been some harassing fire or a few land mines in the road, that type of thing while traveling with convoys. There used to be a supply convoy between Chau Doc and Can Tho, which was our main supply point south of us. Now and then, just to "get out of Dodge", guys on the MILPHAP team would jump on the convoy and go down to Can Tho for shopping or a little R & R. The convoys were constantly harassed.

What was a typical day on the MILPHAP team?

It varied depending where you were. In Chau Doc you got up around 5:30, 5:45. You cleaned up, went to breakfast. Both locations had a mess hall of sorts manned by Vietnamese. All our cooking was done by Vietnamese men or women. Usually they were pretty good meals. We drew rations in kind--money. So they collected from us and then they would go to the commissary at Can Tho and buy pretty good products for preparing meals. So we would have a meal and count the bugs in the bread. They made loaves of French bread, (bear in mind the French background in Vietnam). The majority of the Vietnamese who cooked, cooked in the French culinary tradition. All the flour had bugs in it and they didn't bother to take them out. It was protein. The big joke of the day at both breakfast or the evening meal was to put your bread up to the light and see who had the most bugs.

As a team, we were also part of the military group that lived in that barracks. Usually we had a group meeting with the Army around 7:00 or 7:15 just to get a brief for the day on any incidents in the area or scuttlebutt about movements. We didn't want any surprises. By 7:30 or 7:45 we were in our three vehicles, which were jeeps and an old French PC (personnel carrier) headed for the civilian hospital. After arriving at the hospital, each of us had his own area we were responsible for. The doctors would make rounds on the wards, check the surgical schedule

for the day, and I'd take off for supply to see what was coming in, or what we needed to order. If there wasn't much going on in supply, I'd make rounds with the doctor or go see if I could help out in sick call. It was a normal, routine medical day once we got to the hospital. It was like being in any Navy facility here.

There were challenges. When we first got there, even though there had been a team ahead of us, the very first ward we walked on, there were no beds, just bamboo mats on the floor. The shutters were all closed; it was very dark. The whole family was there. The Vietnamese tradition is that if you are admitted to the hospital, the whole family comes. If they owned cows and chickens, they came too so they wouldn't get stolen, although they were outside the hospital building in the yard. Inside was the whole family group with the cooking pot and whatever else, because they took care of that person. Anyway, we got that straightened out.

There were little things in that hospital that needed correcting. Before we arrived on the scene, they were using the same medicine cup to give patients cough syrup. They had been using the same needle to give shots, over and over again.

This is what you found?

Yes. But there had been a MILPHAP team there before us. We couldn't figure out why these things were still going on. We figured they were resorting to such things because they had been unable to get supplies on a regular basis.

Anyway, we broke open the CONEX boxes I told you about earlier and there were entire wards of beds. We finally convinced them through the head doctor of the hospital to give us one ward to set up to show them how things could be. We screened the windows, opened the shutters, put up the beds, put on mattresses, got medicine carts out, got sterile techniques going, trained the two nurses that you don't use the same needles, don't use the same medicine cup.

We got that working pretty well. The hardest part was getting the families out of there. By tradition, they still felt it was their responsibility to be there with the ill family member 24 hours a day and to prepare their food, take care of the bed, and get their drinks, etc. I don't think we ever really changed that. But at least we finally got them to leave their cows and chickens at home.

The OR in that hospital was antiquated. The physicians in surgery were lucky in that the head Vietnamese OR nurse trained on the USS Hope. Somehow she had managed to get out of Vietnam and get assigned to the Hope. She had spent a year there and learned English very well. She was just a super OR nurse. The problem was that she was having trouble like we were in getting members of the Vietnamese medical community to understand sterile technique such as reuse of instruments and gloving, etc. As our physicians got more and more involved with surgery, their's got less and less involved.

So your doctors were taking on more of the surgery?

Yes. They were general medical officers with general surgery backgrounds. They did surgery, not always within their capability, but they did it.

And you acted as an OR corpsman?

Not normally. We had an OR tech on the team. We filled in whenever we had to. When it got really busy, all of us would take a turn scrubbing and doing what we had to. The uniqueness of the team was that we did everything, whether it was lab, x-ray, OR, sick call, supply, ward rounds, standing watch on the "preemies," etc. We had nobody backing us up. We

didn't have another medical team somewhere to come in and replace us when we got tired. We were it. So it behooved us to train the Vietnamese as quickly as we could, but it took nearly our entire year to get that done.

One of the other things we got deeply involved with for our own sanity and well-being was with the orphanages. There were two very large Catholic orphanages in Chau Doc. They were rundown and unkempt, no running water, no bathroom facilities. The kitchen area was just a rat pit. It was because nobody cared for these kids. Most of them were Eurasian and they were outcasts to begin with. Early on in our tour we traveled by one of those everyday. As a team, we decided to do something. Every off-duty minute of time, we spent at the orphanage. We eventually convinced the US-AID program to build them a new one.

How long were you there?

I was in Vietnam from June '67 until March '68 when I was wounded. I was in Tan Chau from December '67. In fact, as luck
would have it, I had gotten written orders from Doctor (James F.) Ervin, now retired CAPT, MC. Here is the letter from Doctor Ervin that got me wounded. Let me explain. We were getting near the end of our tour and Doctor Ervin wanted all the team members back at Chau Doc so we could finish up all the small projects we had going on. He had sent a handwritten letter out on one of the supply runs telling me to pack my gear and come back on the 18th of March.

I packed my gear and was sitting with my interpreter on the river bank on top of my gear waiting for the boat to take us back to Chau Doc. They day before there had been a big push in one of the areas across the river from us. They had captured quite a few Vietcong weapons caches. They were unloading them from a military boat close to where we were sitting. I don't know
exactly what happened but somehow one of the captured B-40 rockets got loose, either unloading it from the boat or whatever. It was no more than 20 feet away. I was standing up facing the boat watching the operation. All of a sudden the hair went up on the back of my neck. You get that sixth sense that something isn't right. The people in front of me panicked and started to run. And then it went off. It may have dropped. It may even have been an incoming; I have no idea. All I know is that something (B40 Rocket) went off between that boat and us. It literally mowed down civilians between me and the boat. There were a lot of women and children on the riverbank washing their clothes, washing their kids.

I took pieces across the hip and in the abdomen, the left leg again, and specks up and down my head. I didn't realize at first what had happened. The concussion was enough to flip me off my gear. I got up and looked around. Women and children were in mass panic screaming and carrying on. I got my unit one and made it to about three of them and took care of what I could. The wounds were very extensive--unreal. I needed more morphine, more bandages, more supplies. I decided that I needed to get more help. I turned around to find my interpreter and didn't see him. He wasn't there. I started up the sand beach and that's the last thing I remember before I passed out.

Did they medevac you after that?

From what they told me, it was about 15 or 20 minutes after that happened that the Army guys from the compound--which was
about a quarter mile from where we were--got me and put me on a stretcher and took me back to the compound. Of course,I was the only medic so they were totally in a panic. They put a

smelling salts underneath my nose which brought me around. That wasn't good because then I hurt. I had lost a lot of blood. There I was on a stretcher with an Army sergeant trying to start an IV on me. He was saying, "Doc, please come to and tell me how to do this." He had the right idea and knew what had to be done. We got it started and he gave me a short of morphine. Then the medevac chopper came and got me and took me to a MASH unit where I was operated on.

I spent about 3 weeks at the post-surgical MASH because I had complications after the surgery. I had trouble with my bladder, couldn't get it to operate properly. Initially, my surgery was fine; they removed most of the shrapnel. But I'm still carrying some. When they take x-rays, it still shakes them up because they can still see metal pieces in my hip and my abdominal area. Because of my bladder problem, they decided to medevac me on to Guam and not return to Vietnam. I spent about 3 months there where I had more exploratory surgery. From there I went to Philadelphia where I had a medical board and some other studies done. I had to argue with them about staying in; they were going to board me out. I won out and they let me stay and put me in for orders.

Before I got wounded, I had orders to B school, which now is called Independent Duty School. When I got wounded and ended up with all that hospitalization, those orders were canceled. Instead, I got orders to MAT school,which was the Medical Administrative Technician's school in Portsmouth, VA. This was the grooming school for the Medical Service Corps. It carried the NEC of 8442.

I call that luck because that was my opportunity to get an
education and a commission in the Medical Service Corps. I got back in August of '68, got married, and started MAT School in November. I made first class while there and graduated in July of '69. I then went back to Camp Lejeune as an instructor in the Field Medical Service School teaching the young troops what I had just learned. I was there till '72. I applied for the in-
service procurement for MSCs and had to take the extensive 3-day written exam as well as the board. I made Chief the same year I was commissioned an Ensign in the Medical Service Corps in August 1972, over 20 years ago.

At that time, before DOPMA, the in-service procurement MSCs were commissioned initially as temporary officers and permanent enlisted. We always kept our enlisted rank for several reasons.
If there was a cutback, you could revert and finish your career. If you didn't like being a commissioned officer, if it didn't work out, you could always revert back to your highest enlisted rank and continue on. You were also still eligible to take your exams as if you were still enlisted. I took my exams and passed E-8 and E-9 so I was a Master Chief. When DOPMA came out, I had
no choice. I had to request augmentation for a permanent commission and drop my enlisted status. I did that in 1981.

Notes of Interest: While stationed at BUMED from 1989 to 1992 I ran into Mrs. Ngau, who worked in MIS (Management Information Systems). Knowing she was of Chinese descent I spoke with her one day about where she came from. Lo and behold she told me she was a young teenager in Chau Doc while I was stationed there and at the time was dating one of our team interpreters. (Small World). Also, during this time, the interpreter, Mr. Sanh, called me out of the blue one day. He and his family were in California where he was working for an aircraft manufacturing company. I had not seen or heard from him since 1968. We now write often to

each other. As a further note both he and Ngau came through the refugee camps on the island of Guam (Operation New Life). I managed the medical support for these camps at that time while assigned as the Chief of Branch Clinics and Regional Health Care Coordinator for Naval Hospital, Guam (1975-77).

Afterthoughts: I retired from the Navy on 1 October 1992 with 29.5 years of service and now reside in Jacksonville (Camp Lejeune) North Carolina, where I work as a Project Manager for Coastal Government Services,Inc., Durham, NC. I manage their Emergency Room/Acute Care Clinic Contract with the Naval Hospital here at Camp Lejeune. I have a staff of 135 - Physicians, PAs, Nurses, Medical Receptionists and Office Staff that sees 10,000+ patients a month. I have not really wandered very far from the military setting I enjoyed for so many years and my hardest decisions now are what clothes and color of tie will I wear.